PTO/SB/01 (10-00)

Please type a plus sign (+) inside this box + Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. VTN 5002. USNP Attorney Docket Number **DECLARATION** AND **POWER OF ATTORNEY** First Named Inventor Edwards FOR UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** □ Declaration Submitted with □ Declaration Submitted after November 12, 2003 Filing Date OR Initial Filing (Surcharge Initial Filing (37 CFR 1.16(e)) required) **Group Art Unit Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AUTOMATED INSPECTION OF TINTED OPHTHALMIC PARTS (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International Application Number was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which

OR

prionty is claimed. Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certifie Attac YES	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)							
60/425,938	11/13/2002	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
Lhomby drim the henefit under Title 35. United States Code, 6120 of any United States annihilation(s) listed below and incofar								
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Patented Patented Patented						
I hereby appoint:		BI 6 :						
		Place Customer						
Practitioners at Customer Number	000027777	Number Bar Code						
		Label Here						
AND								
Practitioner(s) named below: Name	Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Ruby T. Hope at telephone number (732) 524-1024.								
Customer Number Direct all correspondence to:								
Name:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax:						

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I hereby declare that all statements made herein of my own knowledge are true and that all statements mad on information and belief are believ d to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:	☐ A pe	etition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) RUSSELL J.	Family Name or Surname EDWARDS								
Inventor's Signature			Date						
Residence: City Jacksonville	State FL	Cou	ntry USA	Citizenship USA					
Mailing Address 4535 Blueberry Wood Circle									
city Jacksonville	State FL	ZIP	32259	Country USA					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
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